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SST-1330.18E

CLERK
U.S. DISTRICT COURT
MINNEAPOLIS, MINNESOTA

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTICE TO INMATE: You are advised that prior to receiving and filing a request for Administrative Remedy form BP-9, you **MUST** attempt to informally resolve your complaint through the respective department head(DH) prior to receiving a BP-9. Briefly state complaint below and list what efforts you have made to resolve your complaint informally. Also, please state names of staff contacted.

Initials and date informal resolution form issued by Correctional Counselor: 7-28-22

Inmate Name: Hansmeier Number: 20953-041 Quarters: F

1. Complaint/Remedy Requested: Officers Mortenson and Dawson retaliated against me on account of 1st Amendment protected activity and wrote me a retaliatory 305 incident report. I ask that the incident report be expunged. IR was issued on or around June 2, 2021.

2. DH efforts made to informally resolve: _____

3. Print, Sign and date of Department Head contacted: _____

Initials and date returned to Correctional Counselor: _____

If informal resolution attained: _____
Inmate Signature Date Staff Signature Date

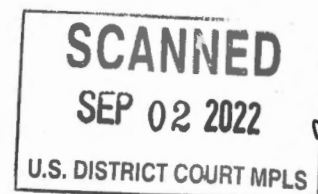
4. Program statements referenced or otherwise utilized in attempt at informal resolution were: _____

Reviewed By: _____
Date Unit Manager

Date BP-9 issued: _____
Date Correctional Counselor

_____ Date Inmate Signature

cc: Unit Counselor



cc: Unit Counselor

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ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
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Initials and date informal resolution form issued by Correctional Counselor: 7-28-22 SL

Inmate Name: Hansmeier Number: 20953-041 Quarters: F

1. Complaint/Remedy Requested: I would like a transfer to home confinement. I have a propensity for bringing politically objectionable litigation - which, while First Amendment protected, will place considerable pressure on BOT staff to violate my First Amendment rights, as history has shown. Transfer to home confinement would address this issue.
2. DH efforts made to informally resolve: _____
- _____
- _____

3. Print, Sign and date of Department Head contacted: _____

Initials and date returned to Correctional Counselor: _____

If informal resolution attained: _____

Inmate Signature	Date	Staff Signature	Date
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4. Program statements referenced or otherwise utilized in attempt at informal resolution were: _____
- _____

Reviewed By: _____

Date	Unit Manager
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Date BP-9 issued: _____

Date	Correctional Counselor
------	------------------------

_____	_____
Date	Inmate Signature

cc: Unit Counselor